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ABSTRACT

In 1985 over 60,000 adolescents ages 10-19 became pregnant in New York State. Of these, almost 26,000 gave birth and over 33,000 terminated their pregnancies. While the majority of those who became pregnant were 18- and 19-year-olds, 1,700 were aged 10 to 14. Of the total, 59 percent were white, and 39 percent were black or from another ethnic group. This report provides recommendations addressing problems associated with adolescent pregnancy, and examines the implementation of recommendations made by the Governor's Task Force in previous years. Recommendations are made in the following areas: (1) developing self-sufficiency skills as a consequence of a youth and family development approach; (2) improving the school-to-work transition; (3) creating opportunities for teen parents; (4) enhancing the family support network for adolescent parents; (5) utilizing schools as a hub for services; (6) strengthening multi-service approaches; (7) coordinating existing funding streams to improve housing options for pregnant and parenting teens; (8) promoting positive messages through the media; (9) involving the private sector; (10) facilitating responses of local agencies; (11) addressing related policy issues; and (12) assessing current programs and services. Individual statements on school-based clinics are appended, and a list of references is included. (BJV)

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August 28, 1987

Dear Governor Cuomo:

I am pleased to transmit to you the third report of the Governor's Task Force on Adolescent Pregnancy. This dedicated group of service providers, advocates, private citizens, and public officials has had as its primary mission the forging of a consistent, comprehensive approach to adolescent pregnancy prevention and services. This third report, Benchmarks and Challenges, describes accomplishments and articulates directions for the future which can assure that the full continuum of responses and services is available to our young people.

During the last year, significant progress has been made with implementation of recommendations contained in the first two reports, Setting Directions: First Steps and Moving Forward: Next Steps. Among these are a series of exciting youth speakouts which are scheduled to take place across the state in October and the development of a major media campaign designed to improve family communication as a strategy for reducing the incidence of adolescent pregnancy.

As the Task Force moves into the next year, it has decided to make as its priority the implementation of its remaining recommendations. This represents a significant shift in the Task Force's orientation and provides the promise of significant benefits for New York State.

Thank you for your continued support of the Task Force's work.

Sincerely,

Joe

Joseph J. Cocozza

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BENCHMARKS AND CHALLENGES

THIRD REPORT OF THE GOVERNOR'S TASK FORCE ON ADOLESCENT PREGNANCY

AUGUST 1987

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INTRODUCTION AND OVERVIEW

A. THE PROBLEM OF ADOLESCENT PREGNANCY

Much attention has been focused over the past several years on the causes and consequences of adolescent pregnancy. In New York State and across the nation, however, the problem remains. The most recent available statistics indicate that in 1985 over 60,000 adolescents ages 10-19 became pregnant in New York State. Of these 60,000 adolescents, almost 26,000 gave birth and over 33,000 opted to terminate their pregnancies. Further, while the majority of these pregnancies occurred to 18 and 19 year olds, a frightening number, over 1,700, were to females ages 10 to 14 (New York State Department of Health, 1986).

From 1975 to 1985, the number of pregnancies to 15-19 year olds decreased from over 61,000 to just under 59,000. However, because of the decline in the 15-19 year old population during the decade, the pregnancy rate for this age group actually increased from 74.8 to 84.2 during the ten-year period. As recognized by experts in the field, adolescent pregnancy is a problem that has not gone away.

Describing the statistics related to adolescent pregnancy provides only a partial understanding of the consequences and little understanding of the causes. All socio-economic and ethnic groups are affected by adolescent pregnancy. During 1985, 59 percent of adolescent pregnancies occurred to white females under the age of 20; 39 percent occurred to Blacks and other ethnic groups (New York State Department of Health, 1986). The negative consequences, however, fall more heavily on those who lack adequate financial and other resources: the poor, the uninsured, and those who live in communities where economic and educational opportunities are restricted. For example, in numerous distressed communities in the state, the adolescent pregnancy rate exceeds 180 per 1,000. The intractable relationship between adolescent pregnancy and poverty must be recognized when dealing with this complex issue.

While not all adolescent pregnancies result in live births, for the almost 26,000 adolescents who became parents in 1985 in New York State, their future, as well as the future of their children, was placed in jeopardy. National statistics indicated that most adolescent mothers keep their babies rather than relinquish them for adoption (Alan Guttmacher Institute, 1981). Additionally, approximately 70 percent will raise their children as single parents (Children's Defense Fund, 1986). Therefore, the economic burdens which are placed on the young parent severely limit the ability to continue school and prepare for economic self-sufficiency. According to a study by the U.S. Department of Education, pregnancy was cited as a reason for school dropout by 23 percent of females who had dropped out of school (U.S. General Accounting Office, 1986). The result is often a life of poverty and welfare-dependency; over half of all women receiving public assistance (AFDC) in the nation are or were teenage mothers (Alan Guttmacher Institute, 1981).

Early childbearing also brings with it health risks and social disadvantages. The risk of maternal death is highest in young adolescents, and complications, including toxemia, are more frequently reported in pregnancies among teenagers (Carey, McCann-Sanford and Davidson, 1983). The children of

these teenage parents also face increased health risks. In 1985, nearly 10 percent of all children born to adolescent mothers in New York State were low birth-weight babies (New York State Department of Health, 1986). Low birth weight has been linked not only to infant death but also to a number of serious, long-term health problems. Although regular and early prenatal care appears to ameliorate some of these consequences (Baldwin & Cain, 1981; Carey, McCann-Sanford and Davidson, 1983), only 39 percent of pregnant adolescents in New York State in 1985 received prenatal care during their first trimester (New York State Department of Health, 1986).

For adolescents who do marry as the result of a pregnancy, one study found that approximately 50 percent of the marriages broke up within four years (Furstenberg, 1981). Additionally, females who have their first child during adolescence are more likely to have more children than they say they want, compounding the economic consequences of the first pregnancy. In fact, 16 percent of the infants born to adolescent mothers in New York State in 1985 were these mothers' second children and 3 percent were their third or more children (New York State Department of Health, 1986).

The consequences of an adolescent pregnancy do not fall on the adolescent and her child alone. The cost to society is also significant. As documented in a recent study of the public cost of adolescent childbearing (Burt, 1986), even the most conservative methodology projects that, in public assistance alone, a birth to a teenager will cost the community $5,560 more than if the birth were delayed until age 20. This estimate for the teen mother and her child does not include expenditures related to the increased probability of foster care, medical care resulting from low birth weight and other complications, or other problems associated with adolescent parenting (Burt, 1986). However, even with this limited assessment of public cost, delaying the teen births experienced in 1985 in New York State would result in over $144 million less in expenditures to support these teen mothers as they raise their children.

B. NEW YORK STATE'S RESPONSE

Recognizing the personal, economic and societal costs of adolescent pregnancy in New York State, Governor Cuomo, in February 1984, announced his intention to introduce a statewide adolescent pregnancy initiative in response to the problem. The goals set forth by the Governor for the initiative were to reduce the incidence of pregnancy among teenagers and ameliorate the negative consequences associated with early childbearing. In shaping this response, there was a strong awareness, based on past efforts, that adolescent pregnancy was a complex problem with complex answers. This recognition is exemplified in a recent publication by the Children's Defense Fund:

> "[A major barrier to preventing teen pregnancy] is our tendency to look for quick and single solutions to multidimensional problems. Too many of us look for **the** answer or **the** strategy, usually one that is quick and cheap, to solve multifaceted social problems that require multiple approaches and comprehensive, coordinated remedies in different combinations and permutations depending on the target group, the community, and the stage of children's development, among other things. . . . We must regularly remind advocates for one or another specific program, however successful

and important, that no single approach is the answer, but each is a part of what must be a range of interconnected pieces applied as needed to particular children and that add up over time to a comprehensive approach. Just as no affluent parents would choose between providing their child adequate health, or nutrition, or child care, or education, or recreation, or a job, so poor children need all of these things if we are to show an impact." (Children's Defense Fund, 1987)

To accomplish the goals of the initiative, the Governor detailed a plan with two major components: the Governor's Task Force on Adolescent Pregnancy and a funding program. Details of the Task Force's purpose and responsibilities are provided in the following section of this chapter. The funding program, developed in response to the Adolescent Pregnancy Prevention and Services Act of 1984, reflects the Governor's and Legislature's interest in preventing adolescent pregnancy and fostering a coordinated and comprehensive system of services for pregnant, parenting, and at-risk adolescents, particularly in communities where the risk of adolescent pregnancy is the greatest.

Taken together, the funding program and the Governor's Task Force on Adolescent Pregnancy represent a major New York State effort to address the complex problems of adolescent pregnancy. This multi-pronged approach provides hope for a promising future for some of the state's most vulnerable family members.

C. MISSION OF THE GOVERNOR'S TASK FORCE ON ADOLESCENT PREGNANCY

Within the framework of Governor's Cuomo's initiative on adolescent pregnancy, the role of the Governor's Task Force on Adolescent Pregnancy is to advise the Governor and Legislature on state policy and program development in order to better address the complex problems of adolescent pregnancy.

Through Executive Order 37, which established the Task Force, the following specific charges were outlined:

- Analyze the availability and accessibility of services to adolescents at high risk of pregnancy, pregnant adolescents, and adolescent parents in order to make recommendations for improving the delivery and coordination of such services;

- Promote the development and implementation of family life education programs or other preventive strategies, with special emphasis on high-risk adolescents and their families;

- Ensure the cost-effective expenditure of funds for services through the review of agency funding mechanisms and through the establishment of guidelines for disbursement of funds to local providers;

- Encourage, at the local and regional levels, the provision of technical assistance for improving the coordination of services to adolescents at high risk of pregnancy, pregnant adolescents, and adolescent parents;

- Enhance the independence and self-sufficiency of pregnant teenagers and teenage mothers by recommending services to permit adolescents to continue their education, have access to day care, and receive adequate vocational and employment training; and

- Submit an annual report to the Governor and Legislature documenting the progress of the Task Force and containing recommendations for the delivery, funding, and coordination of services.

These charges have guided the Task Force in its activities and deliberations over the past three years.

D. HISTORY AND ACHIEVEMENT OF THE TASK FORCE

Established in February, 1984, the Task Force is composed of 42 members and represents a diversity of viewpoints and expertise. This diversity ensures the broad-based input necessary to analyze and respond to the complexity of the issue. Members of the Task Force include commissioners and directors of ten state agencies, service providers, social workers, health administrators, individuals who have experienced parenthood during adolescence, educators, and advocates. In addition, virtually every region of the state is represented on the Task Force, reflecting urban, suburban, and rural concerns. The Executive Director of the Council on Children and Families chairs the Task Force, and support for the Task Force is provided by staff of the Council. In addition, representatives of other state agencies involved with adolescent pregnancy act as resources.

The Governor's Task Force on Adolescent Pregnancy was first convened on June 19, 1984 in Albany, New York. Initially, both as a full Task Force and within its three established committees, the Task Force sought to establish priorities and define a clear direction for its work. Given the diverse philosophies and often conflicting approaches and beliefs related to adolescent sexuality and pregnancy, the Task Force has constantly struggled to clarify points of conflict, often discovering that this resulted in significant areas of consensus around building better futures for our youth, strengthening families, and ensuring a preventive focus to addressing adolescent pregnancy.

The activities of the various committees and the full Task Force culminated in the release in February, 1985, of the first report of the Task Force to the Governor and Legislature. Entitled Setting Directions, the report articulates a new framework and direction for New York State with respect to the issue of adolescent pregnancy. This direction and framework, discussed later in this report, are still vital to the work of the Task Force.

During its second year, the Task Force focused on developing strategies to integrate the priorities articulated in Setting Directions into New York State's approach to adolescent pregnancy. In January, 1986, the Task Force released its second report, Moving Forward: Next Steps, which presents an analysis of gaps and barriers to addressing adolescent pregnancy, provides an overview of current state efforts, and offers specific recommendations and implementation steps which the Task Force believes are necessary for reducing adolescent pregnancy and its negative consequences.

The current structure of the Task Force corresponds to six major service areas which aided the analysis set forth in previous reports. These areas are: health, employment, education, living arrangements, self-sufficiency, and community education and media. It is the responsibility of each of the six committees to review its issue area and formulate strategies and approaches to improve the availability and accessibility of services. To ensure a cohesiveness to the Task Force's work across committees, a common matrix for issue analysis has been developed and is described in a subsequent section of this chapter.

In August, 1986, the Task Force held its second two-day retreat to develop a clear set of recommendations. Draft recommendations from each committee provided the framework for discussion, and the recommendations set forth in this report are the product of the retreat.

E. TASK FORCE PHILOSOPHY AND MAJOR DIRECTIONS

Due to the complex and interrelated nature of issues related to adolescent pregnancy, efforts to develop policies and service strategies must be multidimensional in nature. Therefore, the Task Force developed a matrix to assist in its examination of the issues surrounding adolescent pregnancy. The three dimensions of the matrix are described below.

Dimension I - Major Directions

The following two concepts were outlined in Setting Directions and reflect the new framework and direction set by the Task Force during its first year. The Task Force is committed to these concepts as basic guidelines for future actions and deliberations related to addressing adolescent pregnancy.

1. Youth and Family Development

It is the Task Force's belief that an effective prevention strategy must be anchored in a systematic network of supports and services which promote positive youth and family development. Such an approach encompasses a broad array of activities, including stimulating family support networks, ensuring the provision of adequate nutrition and health care, and improving the availability of day care, educational and vocational services, employment opportunities and parenting education. It is based on the need to strengthen the capacity of communities and basic institutions such as the education system, local government, the medical community, formal and informal community networks, and churches and other religious institutions to respond to the needs of all children and families.

The healthy integration of a young person's sexuality into his/her overall definition of self is an essential part of youth development. In order for adolescents to progress in their social and emotional development, they need to receive, throughout childhood and adolescence, consistent support from their parents and healthy school and community environments in which to grow and learn. That is, in order to make responsible decisions about sexuality and childbearing, adolescents must have the knowledge, feeling of self-worth, and ability to set appropriate life goals. This combination of skills and resources are the tools which allow youth to delay the initiation of sexual activity, seeing it and its possible consequences in light of personal values and future

life options. Further, accurate and timely information and access to basic health care, family life education that is integrated throughout all academic grade levels, and accessible and affordable family planning services must be considered in the development of a community's prevention strategy.

2. Comprehensive, Coordinated Approach to Services for Pregnant, Parenting and At-Risk Youth

In order to strike an appropriate balance between prevention services and services for pregnant and parenting adolescents, the Task Force and New York State must seek to increase the effectiveness and ensure the accessibility of services to those who are pregnant and parenting, even as steps are taken to diminish the need for them. Such efforts include investigating methods to improve coordination, encouraging case management and client advocacy, ensuring that services are culturally relevant, making services more accessible by reducing barriers to service use, and evaluating model programs.

Dimension II - Crosscutting Issues

In structuring intervention strategies, regardless of service type, a number of key issues must be addressed. The following crosscutting issues identified by the Task Force in its second year represent central themes which transcend any particular recommendation or policy. It is by using these issues as guideposts that the Task Force will ensure that all subsequent recommendations will reflect the Task Force's basic philosophy, which is aimed at strengthening communities, youth and families. The Task Force believes these issues are of overriding concern and that all services and policies should be shaped and evaluated in light of them.

1. Families, communities and adolescents must be empowered to advocate and become resources for and among themselves.

2. Related policies and programs across state agencies must be consistent and enhance local capacity for coordinated service delivery.

3. Accessibility of services must be ensured through the consideration of: transportation needs; language and cultural differences; funding and fee structures; and consent and confidentiality requirements.

4. Equity of services must be ensured in respect to gender, cultural and ethnic groups, and population density.

5. The quality of services must be ensured through accountability and evaluation.

6. Adolescent pregnancy must be recognized as the responsibility of males, families, the public and private sectors of communities and society at large, as well as females.

7. There must be a sufficient level of services to address the need.

Dimension III - Cluster Areas of Services

In order to aid in the development of effective strategies and recommendations, the extensive service needs of pregnant, parenting and at-risk adolescents and intervention points for preventing adolescent pregnancy were clustered into six groups. For the most part, these groups represent major service areas which cross individual agencies. Each cluster area represents a broad range of issues related to adolescent pregnancy. The six areas are: child care, health, housing, education, employment, and income support.

The three-dimensional matrix described above represents the framework for Task Force efforts. It seeks to present the broad picture of factors related to early childbearing and address basic causes rather than symptoms. All Task Force activities and deliberations occur within the framework.

F. STRUCTURE OF THE REPORT

The work of the Task Force, as well as any effective effort to address adolescent pregnancy, is best viewed as incremental in nature. During its first year, the Task Force articulated a new direction and established a framework for New York State's efforts to address the issue of adolescent pregnancy prevention. During the second year of Task Force activities, the framework was refined and a first set of strategies, including specific recommendations and implementation steps, was set forth. In year three, these recommendations have been monitored and refined by the Task Force and additional recommendations have been developed which complement or build on previous ones. While the Task Force maintains a firm commitment to its larger goals, such as family involvement and the delay of initiation of sexual activity by adolescents, it is inevitable in a document of this kind that in attempting to articulate specific actions, some of the central concepts may appear less prominent. Therefore, Benchmarks and Challenges and the Task Force's basic approach can best be understood within the context of activities and deliberations over the entire past three years.

The remainder of this report consists of four chapters. Each chapter addresses a major area on which Task Force deliberations have centered. Within each chapter, an overview of the parameters of the Task Force discussions in this area is provided. The discussions include a review of efforts taken to implement past related Task Force recommendations and an assessment of other relevant state efforts. Further, the chapters set forth necessary next steps for both the state and the Task Force itself. Where appropriate, the varying opinions across Task Force membership are included. The major areas are: Chapter I, creating a foundation for a self-sufficient future for youth; Chapter II, improving coordinated approaches to service delivery; Chapter III, creating a broader partnership; and Chapter IV, strengthening the state's ability to respond to adolescent pregnancy.

I. CREATING A FOUNDATION FOR A SELF-SUFFICIENT FUTURE

Providing youth with skills and opportunities for self-sufficiency is a central component of the Task Force's approach to youth and family development. Therefore, an adolecent pregnancy prevention strategy should ensure that young people have opportunities and skills today for a self-sufficient tomorrow. At the same time, however, these same skills and opportunities are vital to those who are already pregnant and/or parenting. Therefore, while specific strategies may differ, many of the needs of the broader population of all youth, as well as the special needs of pregnant and parenting adolescents, can be addressed through the creation of opportunities which assist young people to move toward productive and self-sufficient futures.

A. Developing Self-Sufficiency Skills as a Component of a Youth and Family Development Approach

The decision on the part of many adolescents to be sexually active is often not well thought out. The relationship between present actions and future life situations is not always evident. To the extent that youth witness the consistent failure of the efforts made by their families and communities to change or improve their circumstances, due to conditions which appear to be beyond their control, the inability to see such a relationship is not unexpected. Therefore, strategies to promote the delay of sexual activity and the right to say no among youth must be based on increasing a sense of responsibility and control over one's own future. The concept of youth and family development is based on the need to address this reality and to give youth increased self-esteem, hope for the future, and the education, skills and services necessary to work toward long-term goals. To meet this need, institutions must come together to provide the resources and the necessary environment conducive to positive growth and learning. Only in this context can youth take control of their lives, plan for their future, and improve their ability to see the consequences of their actions and make appropriate and constructive decisions. This ability increases their chances of becoming and remaining self-sufficient, capable adults. The first steps in this area are fundamental skills such as decision making and the development of personal values and goals.

The development of values and decision-making skills best occurs within the family structure. Given the enormity of this responsibility, families should have adequate support and resources to assist them. Further, the Task Force is aware that many families want and need assistance in this area. This assistance can appropriately come from organizations, such as schools, religious institutions and youth organizations, which currently serve the adolescent population. While such organizations cannot and should not assume total responsibility in this regard, they can be important adjuncts and supports to parents in helping their children toward responsible adulthood.

Involving youth in molding their own future and assisting their peers in doing so is also a promising approach. Specifically, the use of role models and positive peer support can assist adolescents in developing needed skills and values. While providing youth with the opportunity to examine constructive strategies to deal with the stresses and problems of adolescence, these avenues also encourage individual and collective empowerment, provide a strong support network, and give youth the necessary self-esteem to maintain a positive view of the future.

In addressing the above issues, the Task Force focused its attention last year on two specific strategies. The first was to ensure that all public schools in New York State implement family life programming in their schools. Additionally, as a mechanism to empower youth and provide them with an opportunity to voice their needs and opinions, the Task Force recommended that Youth Speakouts be conducted across the state.

The implementation of both strategies was furthered during the past year through funding allocations. To assist in the development of family life programming in schools, $350,000 of the appropriation for the Adolescent Pregnancy Prevention and Services Program in the 1986-87 state budget was allocated to the State Education Department's Family Life Program. This process-oriented program is designed to assist local school districts and Boards of Cooperative Education Services (BOCES) to develop community-specific strategies to address the issue of adolescent pregnancy and related adolescent problems in schools. The increase in funding allowed the State Education Department to hire additional staff and provide increased technical assistance to local educational institutions. To continue the progress made in this area, the Adolescent Pregnancy Prevention and Services Program will again provide $350,000 to the State Education Department for this purpose in fiscal year 1987-88.

Additionally, $100,000 of the funding available through the Adolescent Pregnancy Prevention and Services Program was allocated for the development and implementation of statewide Youth Speakouts. It is envisioned that the Youth Speakouts will take the form of a series of conferences across the state that provide young people with the opportunity to discuss issues related to adolescent pregnancy and present to each other, as well as to community leaders and service providers, their concerns and recommendations. In order to maximize the impact and effectiveness of the Speakouts, the strategy will also incorporate preliminary activities in localities across the state which will generate interest and input into the actual Speakout conferences. The Speakouts will occur during 1987.

During the past year, the Task Force continued to examine the issue of family life programming, not only in schools but in youth-serving organizations as well. This broader focus was the result of the need to reach all youth, regardless of setting. Further, the Task Force examined other models which promote youth empowerment and allow adolescents to take control of their lives and futures.

-- family life education --

Based on current efforts and ongoing deliberations, the Task Force has identified a number of areas for state action. The most important of these is the mandating of family life programming in schools. Because the need is great to assist adolescents to develop into healthy and responsible sexual adults, the Task Force again recommends that **the State Education Law be amended to mandate the implementation of family life programming in all public schools.**

Issues of adolescent sexuality and pregnancy are pervasive throughout all communities within the state. Virtually all school districts are faced with sexually active, pregnant and parenting adolescents in their schools. Yet,

there is no statewide educational mandate to ensure family life programming, the availability of family life education across school districts is not documented, and local school districts are often not provided adequate support to implement such education for their students.

It is important in addressing family life education to dispel the myth that it is simply education on biological functions and contraception. Rather, family life education is designed to help young people develop skills to make constructive, responsible decisions and to view their sexuality within the context of their lives and ethical beliefs.

In implementing its recommendation on family life education, the Task Force strongly supports the use of the existing SED Family Life Program process in the development and implementation of family life programming in schools. This process would ensure the development of an approach to family life education which is sensitive to the unique values and service needs of each community. The implementation of the SED Family Life Program planning process in each district would be a major step toward strengthening families. While this process is widely recognized for its emphasis on parent and community involvement, that is only a limited part of its role as a family resource. The Family Life Program is envisioned not simply to devise a classroom curriculum but to assist parents, youth, and school officials to identify and design other supports they need to jointly address the challenge of integrating family life education into everyday life.

While the support provided through the Adolescent Pregnancy Prevention and Services Program to the State Education Department's Family Life Program significantly improves its ability to assist school districts in this area, the non-institutionalized nature of the funding does not ensure the availability of family life programs to all youth in the state. Therefore, the Task Force also recommends that necessary funding for the program be included in the State Education Department's budget rather than relying on funding through other state agencies and initiatives.

— self-help approaches —

The second Task Force recommendation in this area stems from the Task Force's belief that the self-help concept can provide important opportunities for youth and families to gain a source of control over their lives and futures. Therefore, the Task Force recommends that **the New York State Self-Help Clearinghouse specifically target funds in its next funding cycle to demonstrate models which will provide information on the applicability of the self-help concept for adolescents and their families.**

The concept of self-help is based on providing opportunities for mutual support between peers to address personal problems and concerns. It has proved effective, in the past several years, with a variety of groups and issue areas, including adoption, alcoholism, the elderly, and parenting. In addition, the recent use of peers to address a number of adolescent issues and concerns has shown promise. In particular, a number of programs across the country have demonstrated the effectiveness of incorporating peer counseling into sexuality education. Since adolescence is a time of strong peer identification and influence, constructive avenues which build on the importance of peers among teenagers should be developed. For young people to receive support from other

adolescents that they do not need to be sexually active or become a parent to prove their masculinity/femininity is a positive use of peer pressure. Self-help programs are one such avenue for accomplishing this.

Further, the self-help model should be examined as one strategy for providing families with the assistance they need to parent effectively. The support system provided by such a group would approximate the benefits historically derived from smaller, more tightly connected communities and extended families. Similarly, teen parents can benefit from such a support system.

In addition to the specific recommendations put forth this year, the Task Force is committed to continuing its work in this area by examining how best to ensure that family life preparation is available to all youth. Future activities include examining strategies for incorporating family life programs into service systems other than the public school setting, thereby ensuring universal access.

B. Improving the School to Work Transition

In order to move successfully toward a self-sufficient future, adolescents must see a relationship between school and the world of work. While society has promoted education as the key to opening doors to the future, in reality, a high school education, while providing the necessary credentials for future employment, often fails to provide the needed skills. Therefore, to the large number of youth who do not go on to college, the value of their high school education is questionable. Since they see no evidence that remaining in school will assist them in successfully entering the working world, they often drop out.

The need to strengthen the transition from school to work is especially important for adolescent parents, many of whom drop out of school as a result of pregnancy and never return to complete their education. They, in particular, are in need of the support services which are or could be made available through the educational system, or in concert with the educational system, in order to move toward a productive, self-sufficient future.

In addressing this issue last year, the Task Force recommended that the School to Employment Program (STEP) better address the needs of pregnant and parenting teens by providing necessary support services for this population and increasing sensitivity to their unique issues and concerns. While the STEP program continues to provide services to the general youth population, the Task Force continues to believe that STEP should focus specific attention on pregnant and parenting adolescents.

On the state level, ongoing efforts are being made to target existing funding streams to address this issue area in a more effective manner. The State Education Department has been conducting both incentive programs and ongoing school-to-work activities with Job Training Partnership Act (JTPA) funds. This effort has targeted over $5 million to programming to assist adolescents in making a smooth and appropriate transition from school to work. Additionally, to different degrees, local service delivery areas have used their JTPA funds to similar ends. Further, through the Attendance Improvement/Dropout Prevention (AIDP) program, schools with high dropout and truancy rates have received funds to establish programs and services, including employment-related activities, for at-risk high school students. This year, teen parents were targeted for services through the AIDP program.

-- employment centers --

During the current year, both the Employment Committee and the Self-Sufficiency Committee have addressed the need to improve the transition from school to work. As a result, a number of specific strategies and models have been identified which form the recommendations in this area. In order to create opportunities for youth to explore career interests and employment options in a familiar and comfortable setting, the Task Force recommends that **the State Education Department, in conjunction with the Department of Labor, develop models and funding mechanisms for the establishment of employment centers within high schools.**

While many of the activities of the employment centers can be found in other programs, a key characteristic of the model must be that it is a comprehensive unit within the school which addresses various phases of job readiness and vocational exploration. Among the tasks these centers would perform are:

- o informing students about world of work opportunities and credentials required to obtain specific jobs (this might be accomplished through teacher training, classroom presentations by industry representatives, or individual and group counseling);
- o coordinating employment preparation activities, including cooperative education, vocational education, BOCES and afterschool employment;
- o assisting students to complete job application forms (including development of resumes);
- o developing jobs for students upon graduation from high school (a majority of New York State youth do not go to college after high school);
- o arranging for support services (e.g. child care) so high school students and graduates can maintain productive part- and full-time employment;
- o remaining available to students for one year after they leave high school to assist with work related problems; and
- o ensuring that young women and non-English speaking students have equal opportunity to participate in all available employment related programming.

Based on the development of a clearly defined model for such employment centers, it will then be possible to investigate the utilization of numerous funding streams to support these singular, comprehensive units. Such an approach will address the fragmented nature and lack of effectiveness of existing programs.

As part of the implementation strategy for school-based employment centers, a specific allocation of funds should be made to support three or four centers which could demonstrate distinct models of operation. Among the models to be

tested are centers staffed by school personnel and centers operated by community-based organizations specializing in employment readiness and job training activities.

-- vocational education --

Pre-vocational education and vocational assessment and counseling services should be designed to enable youth to seek, obtain and maintain employment which will enable them to be self-sufficient. To a large extent, however, currently available services are limited to screening and eligibility for specific vocational programs. Additionally, adolescents often misperceive the fiscal reality of a chosen career, set employment goals which will not allow them to achieve long-lasting self-sufficiency, and have a poor understanding of the interrelated nature of employment and such support services as life skills development, family planning services, and child care.

Therefore, the Task Force recommends that **the Department of Labor, State Education Department and Division for Youth collaborate on developing standards and guidelines for more effective vocational assessment and counseling in both school and community settings.** This collaborative development is necessary because, while both schools and community agencies provide appropriate settings for vocational assessment and counseling, consistency in providing these services is important to ensure equity across systems.

In developing standards and guidelines, the Task Force recommends that the state agencies include a number of issues which Task Force deliberations have shown to be of priority. Of particular note is the need to initiate pre-vocational activities in early grade levels, thereby providing a consistent exposure of youth to a wide variety of career options and the world of work throughout the course of their education. In designing activities to be included in pre-vocational programs and vocational assessment and counseling, special attention should be given to assessing the individual's interest, aptitudes, experience and capabilities in relation to the current and projected local job market. Further, necessary life skills must be integrated into vocational activities and thought should be given to promoting the development of individualized employability plans for clients. Additionally, effective counseling, must include an awareness of work-related organizations, such as unions and professional groups, as well as necessary support services, including reproductive and other health care. Finally, training for professionals working with youth is necessary. Such training should include an awareness of and commitment to the elimination of gender bias and stereotyping in counseling, training and employment services.

In addition to promoting the above recommendations, the Task Force in the coming year will continue to examine the larger issue of the effectiveness of the educational system. This examination is based on the fact that the transition from school to work, regardless of improved mechanisms, will still be of limited value if basic academic skills are not provided to young people. Therefore, as part of its ongoing agenda, the Task Force will investigate opportunities to support the goal of increasing the overall effectiveness of the educational system.

-- training opportunities --

The process of finding employment is often frustrating and discouraging for youth. For other than "dead-end jobs" with few future possibilities, experience and training are prerequisites. However, few employers will hire adolescents so that they can receive on-the-job training or gain the experience they need. The "Catch-22" nature of the problem leads to a feeling of hopelessness for too many youth, who simply stop looking for work. Therefore, the Task Force recommends that **New York State promote opportunities for training and work experience for youth.** As a step in ensuring that adolescents can eventually become self-sufficient through satisfying employment with future economic possibilities, New York State should maximize the use of existing resources.

One often underutilized resource is the Boards of Cooperative Educational Services. Vocational opportunities through BOCES is the foundation of New York State's efforts for training youth. Currently, however, BOCES programs are often underenrolled. Therefore, the State Education Department and BOCES should examine the causes of this underenrollment and take necessary corrective action, whether enhancement of services, improvement of referrals, or other avenues, to ensure maximum use of this resource.

C. Creating Opportunities for Teen Parents

If adolescent parents eventually are to succeed as capable, self-sufficient adults, needed support services must be easily accessible. In addition, the variety of components which make up a prevention-oriented youth and family development approach, including basic needs such as safe housing, income supports, and adequate nutrition, must also be provided for these new families.

Statistics indicate that many adolescent mothers are forced to turn to public assistance because they lack adequate resources and opportunities for self-sufficiency. If these young mothers are not to remain dependent, efforts must be made to provide them with greater opportunities for fulfilling, independent lives. There is less information available on teen fathers, but it is reasonable to assume that the same is true for them. There remains a most compelling reason for acting on behalf of these young parents. Opportunities for teen parents lead to better futures for their children, thus breaking the cycle of poverty and reducing the need for remedial efforts in subsequent generations.

In reviewing existing service models, there seem to be a variety of programs designed to aid in developing self-sufficiency for both adults and youth. The difficulty is that the teen parent often finds that these services are not appropriate for him/her. Youth services may meet the developmental and cognitive levels of the youth, but most fail to effectively integrate into their approach the "adult" responsibilities teen parents must cope with. Conversely, the array of adult services are often not structured to assist young parents through the necessary developmental stages that all adolescents pass through if they are to successfully transition to adulthood, regardless of their responsibilities as teen parents.

Last year, the Task Force issued a number of recommendations for improving services to meet the needs of pregnant and parenting teens more effectively. These included the provision of transitional supports for individuals leaving public assistance, clarification of procedures and regulations to encourage

shared housing for adolescent parents, and the promotion of youth employment competencies as part of JTPA implementation.

On the state level, Governor Cuomo, concurrent to this Task Force's deliberations, established a special Task Force on Poverty. This body contains the expertise to examine more fully appropriate strategies and directions in this area. Recognizing our joint and overlapping responsibilities and areas of concern, the Adolescent Pregnancy Task Force has made all of its reports and recommendations available to the Task Force on Poverty. The findings of the Task Force on Poverty are summarized in a report, which the Task Force on Adolescent Pregnancy will review over the course of the next year for its specific impact on the issue of adolescent pregnancy.

Additionally, during the past year, Governor Cuomo called for and the Department of Social Services implemented a $10 million initiative for comprehensive employment opportunity support centers (CEOSC). These centers will provide, through a "one-stop shopping" concept, a variety of educational, vocational, employment and support services for women on public assistance with children under the age of six. Finally, the past year has seen a significant increase in the number of Service Delivery Areas (SDAs) instituting youth competencies, alternatives to permanent employment as measures of success, into their local JTPA plans.

In continuing its deliberations during the current year, the Task Force believes that existing systems must be made more responsive to and more effective for the target population. Therefore, the Task Force recommendations on assisting adolescent parents span a number of service areas, each of which is essential to the growth and self-sufficiency of these young families.

-- shared housing models --

Among the most basic needs is that of safe shelter. The lack of affordable housing, coupled with the often limited independent living skills of the teen mother, requires innovative approaches to housing for this population. The Division of Housing and Community Renewal has developed and is promoting a housing model, the Shared Housing Option Program (SHOP), which is applicable to addressing the housing needs of pregnant and parenting adolescents. This model refers primarily to the sharing of homes among two or more unrelated households through a screening and one-to-one peer matching process.

To date, no specific funding appropriation has been made to support the SHOP program. Further, the program's focus on the elderly has effectively eliminated attention to other special needs populations. Therefore, the Task Force recommends that **a separate appropriation be made for the Shared Housing Option Program, with a specific portion of funds earmarked for pregnant and parenting teens.**

In addition to a funding appropriation for SHOP sufficient to meet the needs of the original target population, as well as those of pregnant and parenting teens, the Task Force also recommends that the Division of Housing and Community Renewal work with the Task Force and other relevant groups to develop guidelines for the SHOP program. These guidelines should encourage grantees to target adolescents for services, broaden the scope of services to include intergenerational as well as peer-to-peer matches, and address the special support

needs of pregnant and parenting teens. Even within a shared housing situation, such supportive services as counseling and follow-up are crucial for adolescent parents living independently.

-- youth competencies --

It is essential that opportunities be created for these young families to build their own futures. Society has long held the view that education is an important key toward this end. However, for the young parent, simply making available classroom education is an empty promise if access issues and support services are not addressed. Therefore, the Task Force recommends that **the Task Force on Youth Competencies and the Division for Youth develop youth competencies relevant to the specific needs of pregnant and parenting adolescents which could be adapted by local Private Industry Councils (PICS).**

The Job Training Partnership Act allows for the development of an alternative to permanent employment as measures of success for youth involved in JTPA-funded employment training. The alternative measures, called youth competencies, allow criteria such as work maturity and other pre-vocational advances to be counted as positive outcomes. While New York State has taken a number of important steps to promote the use of youth employment competencies in JTPA-funded programs, there is still limited recognition of the additional competencies that the significant numbers of adolescents experiencing pregnancy. and parenthood must accomplish to compete effectively in the employment world. Pregnancy and parenthood present special needs which must be addressed if these adolescents are to complete training programs and become self-sufficient. To a large extent these needs center around the development of life skills and coping mechanisms which will allow the adolescent parent to balance successfully his/her own educational and social needs with those of a child and assist him/her in moving toward adulthood.

The Task Force, therefore, recommends the development of youth competencies which include the attainment of a variety of life skills for the pregnant and parenting population. Basic skills which should be included are:

- Personal budgeting;
- Home management (organization of time and tasks);
- Nutrition;
- Stress management (work versus home, parenting pressures);
- Arranging for child care (resources, costs, standards, selection, convenience, dealing with parent/child separation, alternate arrangements for sick child or sick caregiver, including emergencies);
- Arranging for transportation (for self to work or training and child to caregiver: safety, cost factors, convenience);
- Arranging for health care for self and child (selection of doctors and clinics, cost, convenience, prevention strategies, including checkups and shots);

- Parenting skills for the working parent (focus on beginning and end of day, quality versus quantity issues, single parenting);

- Basic child development understanding (age-appropriate expectations, discipline, nutritional needs); and

- Skills for relating to the extended family--roles, relationships, responsibilities (grandparents, father/mother of child, significant others, siblings).

-- pre-employment services --

Most employment and training programs seek to address a number of support services which may be needed by pregnant and parenting teens, such as transportation and child care. However, this has not been the case for most pre-employment programs. Such programs, by virtue of not addressing these needs through direct provision of services or linkages with existing service providers, effectively eliminate this population from participation. Therefore, the Task Force recommends that **funding guidelines and levels for pre-employment programs reflect support services which are necessary to ensure the participation of pregnant and parenting teens.**

Pre-employment programs in New York State are currently supported through a number of agencies and mechanisms, including Division for Youth, Department of Social Services, Department of Labor and the Job Training Partnership Act. Funding levels for these programs are often inadequate, however, to ensure the provision of such support services as transportation, child care, stipends, academic skill development and other services often needed by pregnant and parenting adolescents. Further, funding requirements do not mandate such services on the part of service providers.

Implementation of this recommendation will ensure that pre-employment programs do not preclude the participation of pregnant and parenting adolescents and that, where community linkages to needed support services do not exist or are insufficient to the need, adequate funding will be available for the provision of such services.

-- child care for college students --

The continuation of formal education is often an essential step in assisting the young parent toward self-sufficiency. As in any strategy geared toward parents, however, the issue of child care must be addressed when examining opportunities for continuing education. Therefore, the Task Force recommends that **the Department of Social Services make available child care to public assistance clients attending accredited two- or four-year college programs.**

A major resource for supporting child care for the public assistance population is Section IV-a of the Social Security Act. Currently, however, funds for child care through Section IV-a are only available to women on public assistance who are attending two-year college programs geared to specific vocational goals. While this is an important step in assisting clients toward

self-sufficiency and an appropriate supportive service for some women, it nevertheless reinforces the concept of limited options for teen parents. The amendment of current regulations to broaden the program would allow a greater range of educational opportunities for this population, both in terms of years of education and fields of study. This longer-term investment will substantially increase the possibilites for permanent self-sufficiency for mothers with young children and improve the economic environment for the next generation. The Task Force is aware that this expansion of the program would require a federal waiver. If it appears feasible, the Department of Social Services should consider seeking a waiver for this purpose.

If IV-a funds for child care can only be used in limited cases, an additional, existing funding stream is available. Through an allocation of $3.5 million in the 1987-88 budget, funds are specifically earmarked for child care to enable parenting students at 331 percent of poverty to complete high school or achieve a General Equivalency Diploma (GED). Consideration should be given to expanding this program to allow these parenting students also to receive child care assistance while attending college.

When addressing the problem of child care, there are two issues: paying for the service; and developing the capacity. One avenue for expanding the capacity of child care exists through the allocation of $2 million to SUNY/CUNY colleges to demonstrate promising models of campus-based child care. It appears, however, that the majority of slots at community colleges which are funded through this allocation are utilized by non-public assistance students and faculty. Further, existing centers are filled to capacity. Therefore, there is a need to examine what kind of expansion might be necessary, both in terms of day care slots and numbers of centers, to meet the need and to ensure adequate day care for adolescent parents attending college.

It is the Task Force's contention that improving economic opportunities for teen parents will continue to be a major topic area and that a substantial investment of time will be required in order to thoroughly study the issue. Topics for examination in the future include the impact of current recertification procedures for teen parents on public assistance who are attending school or training programs and the possibility of including child care costs in educational loan packages.

D. Enhancing the Family Support Network for Adolescent Parents

Self-sufficiency does not imply a life of isolation, independent of all others. Rather, it means the capacity to take care of one's self within the structure of a strong support system. The ideal support system, depended on throughout history, is the family. It is within the family that the strongest and most lasting bonds are developed.

One of the common consequences of adolescent pregnancy, however, is the straining of these bonds and a young person's estrangement from the natural support system provided by the family. Too often, the result is that pregnant and parenting adolescents become dependent on social service agencies for financial and social support. Concurrently, they become socially isolated from friends and family. Clearly, the supports provided by social agencies cannot be as strong and abiding as those provided by families. Further, support provided by institutions may actually hinder the redevelopment of long-lasting bonds between teenage parents and their families.

In addressing family supports for adolescent mothers last year, the Task Force recommended that federal disincentives to teen parents remaining with their families of origin be examined and that strategies be developed to overcome them. The recommendation resulted from the work of the Living Arrangements Committee on ensuring a continuum of housing options for pregnant and parenting adolescents.

During the current year, the Self-Sufficiency Committee has also addressed the issue of family support systems, but from a broader and possibly more controversial perspective. In summarizing the group's discussions, two themes emerged: first, the rights of the new child to the emotional and financial resources of its immediate and extended family; and second, the concept of equity of consequences. In this context, the role of the father and the supports he may need to assume responsibility for his child have been central to Task Force deliberations. Research indicates that many fathers wish to be involved in the lives of their new children (Klinman, 1985) but lack the opportunities and skills to do so. Therefore, ways to encourage the father's involvement need to be identified so that they can share equally the responsibility of parenthood, which is currently too often shouldered by the young woman alone.

In examining these themes further, Task Force concern and discussion has centered around promoting the involvement of grandparents and others in the extended family. Task Force members see the need for a careful examination of the possible ramifications of policies designed to ensure the rights of the child to the resources of his/her family. For example, do new federal guidelines requiring the consideration of the grandparents'resources in determining the teen mother's eligibility have the negative effect of limiting access to services by adolescent parents or causing grandparent liability to become an overriding factor in decisions concerning living arrangements or school attendance? The development of an appropriate balance between the rights of the child to support and the inability of many already-overburdened families to provide such support should be given serious consideration.

-- vocational counseling for teen fathers --

The Task Force believes that sufficient information exists on the issue of paternal support to make recommendations which will increase the young father's capacity to support his family. Because the need to support fathers in assuming paternal responsibility is indistinguishable from the need to provide skills and opportunities for self-sufficiency for adolescent fathers, the Task Force recommends that **the State support a series of demonstration projects to test the effectiveness of requiring localities to provide supportive counseling and self-sufficiency services as part of the paternity adjudication process.**

Previously in this report, the Task Force stressed the importance of providing vocational counseling and training opportunities for all youth, including those who are pregnant and parenting. However, because of the common tendency to lose sight of the service needs of the teen father and to equate "parenting adolescent" with "female", the Task Force believes it is essential to identify and address the specific needs of the parenting adolescent male, while ensuring that the needs of the teen mother are also met.

The concept of counseling for the teen father is particularly important in the context of the paternity adjudication process because, notwithstanding their interest in providing emotional and financial support to their offspring, many fathers of children born to teenage mothers lack the skills and experience necessary to support their children. Further, the adversarial nature of the adjudication process leads to a reluctance on the part of many fathers to maintain a supportive relationship with the teen mother or become involved in the upbringing of the child.

The Task Force is committed to encouraging paternal responsibility for the children of adolescent mothers. It also recognizes, however, that an obligation exists to provide these fathers with meaningful opportunities so that they can provide support for their children. Unfortunately, the current system of paternity adjudication does little to support a father's willingness or ability to contribute to the well being of the teen mother and her child.

Consideration should be given to mandating local social service districts to make available pre-employment training, educational services and job placement for adjudicated fathers who are considered employable under social services law. The effectiveness of this approach could be tested in interested districts. While this model would defer the onset of child support by the father, making available a full range of employment and educational resources may provide greater benefits in the long term than simply requiring the father to find immediate, often low-paying employment.

Additionally, the effectiveness of providing non-threatening counseling, either through Department of Social Services' child support enforcement offices or community agencies, to prepare teen fathers and mothers for parenthood should be tested. Such counseling would include discussions of the paternity adjudication process and referrals to job training programs. Again, both of these models and others, not specifically addressed here, center on encouraging the father to increase his own earning capabilities, thus making available additional fiscal resources for his child.

It is important, however, not to interpret this recommendation as a return to the stereotype of the male as the sole breadwinner and the woman as the homemaker. While the Task Force supports the concept of paternal responsibility, it is equally committed to ensuring educational and training opportunities which assist young women toward self-sufficiency.

During the next year, the Task Force will continue to examine effective mechanisms for the new child to have available all of the resources of its immediate and extended family. An examination of efforts in other states to address this and related issues, as well as a review of statutes and regulations in New York State, will be undertaken. In 1985, the state of Wisconsin passed comprehensive adolescent pregnancy legislation which, among other things, called for mandating that the parents of a teen parent be fiscally responsible for their grandchild. The impact of this provision of the Wisconsin legislation will be carefully monitored by the Task Force as part of this effort.

II: PROMOTING COORDINATED APPROACHES TO SERVICE DELIVERY

Youth have multiple needs--social, psychological, educational, and physical--all of which must be met if they are to develop into healthy, productive and responsible adults. The reality of shrinking resources, however, does not allow individual programs to attempt to meet all of a client's needs. Rather, community resources must be linked and coordinated in an effective manner to provide an array of services and ensure accessibility. Such a coordinated network system can address the variety of needs of the adolescent population.

The state has, through the funding of services, a powerful mechanism for shaping service delivery at the local level. This mechanism, however, has not been used effectively in the past to promote cooperative, coordinated efforts. Historically, funding streams have been distinct and narrowly focused, resulting in service delivery systems which operate independently and in response to different mandates.

Increasingly, New York State has recognized the merit of approaches based on coordination and planning. Particularly in the area of adolescent pregnancy, Governor Cuomo has endorsed efforts which promote these concepts. The Adolescent Pregnancy Prevention and Services Program, a component of the Governor's Initiative on Adolescent Pregnancy, was developed in 1984 in response to the need to address the issue of adolescent pregnancy in a more coordinated manner. The program's basic approach is the development of community-wide consortia in high-risk communities. The 16 consortia funded in 1985-86 include a broad array of service providers, including health care agencies, educational institutions, housing organizations, counseling agencies, employment and training programs and others, who are committed to linking their services and, thereby, providing coordinated services for at-risk, pregnant and parenting adolescents.

The Task Force last year recommended increased funding for the Adolescent Pregnancy Prevention Program to encourage the concept of coordinated services. The $2.5 million increase in funding for the 1986-87 fiscal year allowed for the development of seven additional consortia across the state. While the Task Force is pleased with increased funding for this initiative, it is important to reiterate that the larger goal is to promote coordination and networking as an integral aspect of all state programs and not just the requirement of a specific funding program.

A. Utilizing Schools as a Hub for Services

Schools are a consistent point of contact for young people and families. They are centers of activity in most, if not all, communities, are centrally located, and are well-known institutions. In addition, they represent familiar places for adolescents, who spend more time in school than anywhere else. For these reasons, schools are a logical point around which to coordinate a variety of services for youth and their families.

Coordinated services through schools is one avenue to strengthening a community's ability to promote positive youth and family development. If adolescents' special, nonacademic needs can be met either through linkages between schools and human service agencies or the provision of services on site in schools, the likelihood of their remaining in school and completing their education is greatly increased.

The Task Force's commitment to coordinated services through schools is clearly demonstrated in the recommendations set forth in the Task Force's previous report, Moving Forward: Next Steps. These include promoting school-based health clinics and school-based child care, as well as encouraging schools to develop linkages and service programs to meet the broader needs of students. These priorities are also found in the November 1985, New York State Regents policy statement. This policy statement addresses the need for schools to cooperate with human service providers to address the social, physical and economic needs of economically-depressed communities. The expanded use of schools outlined in the policy statement includes such school-based services as day care, job placement, services to the elderly, health care and youth support services. In this year's State of the State message, the Governor called for the continued support of the Regents action in this area. To translate these priorities into action, the 1987-88 state budget includes a $7 million appropriation to the State Education Department for the Youth-at-Risk program. The purpose of this program is to coordinate, through school districts and Boards of Cooperative Educational Services (BOCES), education and social services for those youth who are at risk of not completing school.

During the current year, the Task Force has continued to be a strong advocate for improving the capacity of schools to meet the varied needs of youth and their families. Consistent with the group's overarching philosophy, these approaches consistently include family and community involvement in the shaping of local strategies.

-- school-based clinics --

Based on its ongoing deliberations, the Task Force continues to believe that one important approach to coordinated services through schools is school-based health clinics. Currently, New York State supports 16 such clinics, and the 1987-88 state budget increases the Department of Health's appropriation for this program by $1.2 million. These clinics provide an important mechanism for ensuring the provision of basic health care, which is a crucial component of a youth and family development strategy. Therefore, the Task Force remains unchanged in its recommendation that **the State Education Department and the Department of Health pursue the implementation of additional school-based clinics providing a full range of health services, including reproductive health care.** Further, in defining such a comprehensive model, it is essential to include not only basic health screenings and health care but also supportive counseling in the areas of health, mental health and other areas of personal counseling.

In formulating its recommendation, the Task Force articulated a broad definition of reproductive health care, which included gynecological services, pre- and postnatal services, screening and treatment for sexually transmitted diseases and contraceptive education, counseling and services. However, for some members of the Task Force, philosophical and religious concerns make the inclusion of contraceptive-related services unacceptable, and thus there remains a lack of consensus on the appropriate range of services within the clinics. While the Task Force as a whole is sensitive to these differences of opinion, its commitment to increased accessibility of health care for this population resulted in a majority vote to recommend the expansion of school-based clinics. Because of the Task Force's commitment to respect the diversity of opinion among

its members, individual statements on school-based clinics are included in an appendix to the report.

Although not traditionally used for health care, schools are a logical site for the provision of health services to youth. The school setting affords access to the entire school-age population. It is continually available to youth during most of the year and is an approachable, familiar place. In addition, the increasing number of working mothers and single-parent families has resulted in increased difficulty in obtaining health services during physicians' normal office hours.

After reviewing available research on the effectiveness of school-based clinics in promoting better health and decreasing adolescent pregnancy rates (Robert Wood Johnson Foundation, 1985; Kirby, 1985), the Task Force supported the expansion of school-based clinics in its previous report, Moving Forward: Next Steps. During the current year, additional research has been published which provides further support for the Task Force's commitment to school-based clinics. In a school-based pregnancy prevention pilot program administered by the Johns Hopkins School of Medicine, on-site counseling and sexuality education, coupled with concrete services in a special after-school clinic near the school, were provided in one junior high school and one high school in Baltimore (Zabin, 1986). Two similar schools served as a control group. As a result of accessibility of staff and free clinic services, project participants increased their levels of knowledge and their use of contraception during the course of the project, resulting in a decrease in pregnancies. Posssibly more impressive is the documented delay in the initiation of sexual activity which occurred in the pilot schools. The expansion of school-based clinics in New York State should be accompanied by additional research and evaluation studies concerning their long-term effectiveness.

School-based clinics should be viewed as a component of a community strategy to ensure the availability of necessary services and, therefore, should evolve from an open and comprehensive planning process involving parents and other community members. The appropriateness and long-term benefit of such an approach is documented in the implementation efforts surrounding family life programming. Therefore, the Task Force strongly recommends that procedures similar to those devised by the State Education Department for family life education implementation be used to assist in the successful development of school-based clinics.

In addition, the Task Force sees the provision of ongoing technical assistance by the State Education Department and the NYS Department of Health in all phases of the development and implementation of school-based health clinics as a necessary component of this implementation strategy. Such assistance would aid communities in conducting community forums, establishing community advisory boards, and designing clinic services.

— school-based child care —

A further area of Task Force concern is to ensure that adolescent parents can complete their secondary education. Yet, lack of affordable, accessible child care is one of the major barriers to adolescent parents remaining in or returning to school. Extended family members are no longer a common source of child care and what little child care is available in most communities is too

costly, geographically inaccessible, and frequently does not serve infants.

In addition, recognizing that the problem of limited availability of child care extends beyond the adolescent parent, a number of groups, including the New York State Child Care Commission, have undertaken intensive debate on the subject. The Task Force endorses the recommendations of the Commission concerning significant expansion of the availability of day care and the funds necessary to support it. From the specific vantage point of serving the adolescent parent, the Task Force would seek models with particular promise for this population. Therefore, the Task Force recommends that **New York State make available start-up funds to increase the availability of school-based child care services and identify mechanisms for their ongoing funding.**

It should be noted that a significant percentage of the funding allocated for child care for parenting students, described earlier, was unexpended during the past fiscal year. While a number of issues may have contributed to the underutilization of these funds, it can in part be attributed to the fact that the funds may only be used for payment of services. Thus, these dollars can in no way address the insufficient capacity of providers to meet the level of need. Therefore, there is a real opportunity for better expenditure of existing funds if the number of day care slots and centers is increased. In the 1987-88 state budget, $3 million has been allocated for the express purpose of supporting start-up activities. Priority within this allocation should be given to school-based programs.

On-site child care for infants, as well as older children, would provide an integrated approach for this population, as the child care setting can be woven into the parent's educational programming. Parenting skills and child development can be taught to the parent by teachers associated with the child care center. Further, by observing the parent and child together, problems can be detected early and corrected.

In examining implementation activities for school-based child care, a number of state agencies must work collaboratively, for while lack of funding is an overriding barrier, other concerns must also be addressed. For example, a related issue which requires further exploration is the use of school buses to transport infants, with their student parents, to school. Currently, due to insurance liability, most schools do not allow the infants of student parents to ride on school buses, even if the school has a school-based child care program.

-- multiple uses of schools --

The Task Force is aware that meeting the needs of youth, without addressing the needs of their basic support system, the family, is short-sighted and insufficient. The Task Force believes that central to an effective prevention strategy is empowering the family and providing places and opportunities for youth and families to come together and share experiences in common. One innovative way to accomplish this is to make schools, where youth spend the majority of their time, accessible to parents. Therefore, the Task Force recommends that **New York State develop demonstration programs for the multiple use of schools.** Such demonstration programs could, for example, target: parents, who may need employment skills development or assistance in improving their basic academic skills; adolescent mothers, who require special support to continue their

education; and teen fathers, to whom academic preparation may seem irrelevant and for whom adequate job opportunities are scarce.

It is important to emphasize that the Task Force is not recommending that the school board itself become responsible for the provision of this new, much broader array of services. While the Task Force applauds the initiative that school districts have taken under the Community Renewal program, which provides additional school district staff for expanded services, the Task Force recommendation calls for a more flexible approach to creating a school-based service hub. Through the Task Force recommendation, numerous community agencies could work cooperatively to better meet the needs of families by being co-located in a single site. The use of the school building as the site provides a number of unique, additional benefits: reinforcing parental recognition of the value of education for all family members; increasing parents' comfort and familiarity with the educational system; and improving the likelihood that parents will take an active interest in their children remaining in school.

As the Task Force continues its work in this area in the coming year, additional strategies to increase the capacity of schools to ensure coordinated services will be examined. A major area of investigation must be the current and potential opportunities for coordinating funding streams to support such programs.

B. Strengthening Multi-Service Approaches

Coordinating services for the individual client remains a major challenge. In addressing this challenge, the Task Force has examined and sought to promote the merits of multi-service centers. The Task Force recognizes, however, that funding multi-service agencies would be very costly. Therefore, the group has focused much of its attention on identifying particular groupings of services which are most effectively provided together. As a further step, the Task Force is attempting to design other approaches which approximate the accessibility of a single service site. By exploring innovative linkage mechanisms across agencies, a community's network of services would become a multi-service "center without walls." Regardless of the mechanism for ensuring coordination, such approaches are necessary to engage minimally-committed clients, particularly where multiple service needs require interaction with a variety of staff across a number of sites.

To this end, the Task Force recommended last year that existing family planning services should be increased and that outreach services and services to males be incorporated as particularly important services to be provided jointly with reproductive health care. Additionally, in supporting the Department of Health's new prenatal/perinatal initiative, the Task Force sought to ensure that the particular needs of the pregnant and parenting adolescent for accessible and coordinated service systems be reflected in the prenatal/perinatal network plans. These networks have actively sought the involvement of adolescent pregnancy programs, particularly those funded under the Adolescent Pregnancy Prevention and Services Program, in the development of service approaches. Further, an increase in state funding for family planning during 1986-87 resulted in an annualized budget of $10 million. This increase in funding will clearly strengthen the state's ability to make these services more accessible.

-- comprehensive health services --

During the past year, the Task Force has continued to examine opportunities for promoting coordinated service delivery, focusing specifically on health care. In this context, the Task Force recommends that **existing family planning clinics be encouraged to develop a more holistic approach to adolescent health care and be eligible for appropriate funding.** Family planning clinics are the largest single providers of adolescent health care in New York State. In addition, they are the first point of entry into the health care system for a large number of adolescents, many of whom have multiple service needs.

The majority of the Task Force believes that the ability of family planning clinics to attract and serve the adolescent population brings with it the opportunity and responsibility to ensure that a full range of health care needs are addressed, even though an adolescent may approach the clinic for simply a pregnancy test. Therefore, the Task Force recommends that the following services should be included as basic and necessary components of any family planning clinic:

- case management/social services
- services (sports physicals, etc.) for males
- client advocacy
- life options counseling

Further, as a member of the human services network within a community, the family planning clinic should be involved in ensuring the availability and coordination of a broader range of health-related services. In most communities, this would translate into establishing effective linkage and referral mechanisms. However, in other communities, this could appropriately result in the actual delivery of services under the auspices of family planning clinics. Among the health-related services that the clinics should ensure are available are:

- prenatal care
- Child Teen Health Program (CTHP)
- adolescent pregnancy linkage program
- WIC
- alcohol/substance abuse counseling
- parenting/childbearing classes
- identification of and arranging for services to infants of teen parents

There are pre-existing funding streams to support these services. State agencies responsible for administering the programs should examine the flexibility of these funding streams so that communities can determine the most appropriate provider, based on local needs and the capacity and potential of various community organizations. Further, technical assistance should be available to assist communities in creating innovative clusters of services, be they in family planning clinics or other appropriate sites.

-- "centers without walls" --

To the extent that adolescents are left on their own to navigate service systems, needed services are often not received. The importance of creating

mechanisms that effectively link services and overcome barriers to the use of available resources has been demonstrated in a number of recent state initiatives, most particularly the Adolescent Pregnancy Prevention and Services Program (APPSP) and the Teenage Services Act (TASA). In each of these programs, one of the objectives is to approximate the effectiveness of having all necessary services at one site. The lessons which the state is learning through these efforts must be built upon and made available to high-risk communities across the state. Therefore, the Task Force recommends that **the State provide funding and assistance to develop and/or replicate effective outreach and service linkage mechanisms in communities statewide.**

Among the most frequently cited barriers which inhibit the ability of adolescents to receive services are:

- inadequate transportation
- inconvenient and insufficient hours of service
- prohibitive fees
- insufficient staffing patterns
- inadequate training of providers on adolescent issues and concerns
- language and cultural issues in minority communities

To begin to address these and other access issues, a number of promising models in APPSP, TASA and other demonstration efforts nationwide need to be examined. These models include: the co-location of staff at a single site; the promotion of an ombudsperson system for youth; the development of a uniform intake form across agencies; and the establishment of a centralized place of intake within communities.

C. Coordinating Existing Funding Streams to Improve Housing Options for Pregnant and Parenting Teens

Traditionally, housing agencies and human service providers have not worked together in a coordinated manner, even though they may have shared the same client population. This lack of coordination is the result of a narrow focus on service provision, as well as limited understanding of the interrelated nature of services.

The Task Force believes that the success of local efforts to respond in a coordinated manner to the issue of adolescent pregnancy rests, to a large extent, on the state's ability to provide incentives and simple mechanisms for coordination of services. In Moving Forward: Next Steps, therefore, the Task Force recommended state agency coordination around local planning regulations and guidelines and local consortia involvement as a condition of all state funding for adolescent pregnancy related programs. Further, in specifically addressing the housing needs of pregnant and parenting adolescents, the Task Force supported an allocation of state funds to demonstrate model housing arrangements and encouraged cooperative efforts among housing agencies, employment and training organizations, and the private sector in the renovation and provision of housing for the target population. In response to Task Force concerns, the Division of Housing and Community Renewal has initiated technical assistance to their local counterparts in serving this population and better coordinating with existing adolescent pregnancy service providers.

-- coordination with housing initiatives --

During the current year, the Task Force has continued to support the need for increased coordination and guidance at the state level. In particular, the Living Arrangements Committee has explored how the state could better promote appropriate, supportive housing for pregnant and parenting teens. In this particular service area, the need to ensure coordination with human service providers is crucial to the success of an adolescent parent living independently. Therefore, the Task Force recommends that **housing-related grant programs include as a priority for funding collaboration between housing and human service agencies.**

For pregnant and parenting adolescents, whose age and inexperience limit their ability to navigate diverse service systems and who need a comprehensive array of services in order to succeed, increased cooperation and collaboration is crucial. The availability of a safe and affordable apartment does not ensure a young mother's ability to live alone. The lack of basic independent living skills and a strong support network make independent living for many adolescent parents an overwhelming task, doomed to failure. Therefore, the expertise and services of both housing and human service agencies are necessary if the needs of parenting adolescents for appropriate and adequate housing are to be met. The housing community can provide the basic shelter, while the human services community can provide the less tangible, but equally essential, support services. Therefore, program development and implementation must be a collaborative effort. In addition, the Task Force recommends that the Division of Housing and Community Renewal, the Department of Social Services, and the Council on Children and Families continue to act as catalysts and provide technical assistance to increase such collaboration at the local level.

III. BUILDING A BROADER PARTNERSHIP

The causes and ramifications of early childbearing are too widespread to be labeled as simply a health or human service problem. Yet, this has been the case for a number of years. The designation of an issue as a social problem carries the connotation that only one sector of the community is responsible for addressing the problem and that it is not a concern of other parts of the community. New York State can no longer afford such an attitude. The effect of adolescent pregnancy on the work force, the economic self-sufficiency of families, and a host of social problems mandates that concerted actions by all sectors are needed.

In both its previous reports, the Task Force stressed the need to increase awareness of adolescent pregnancy as an issue which requires the commitment of all segments of the community. The corporate sector's involvement and support are considered of particular importance, as is the promotion of positive, consistent messages to youth through the media. The Task Force believes that any successful effort to reduce the incidence of adolescent pregnancy in New York State must include assisting all sectors of the community to understand that adolescent pregnancy is everyone's problem and promoting the responsibility of the entire community to respond.

A. Promoting Positive Messages Through the Media

The media in our society can substantially influence the lives of children and adolescents. Through movies, radio, television and magazines, young people are given messages about how to dress and act and what to believe and value. Of particular concern are the pervasive sexual messages in the media. Youth are bombarded with sexually-explicit lyrics and programming which encourage them to "do what feels good." Sex is glorified and responsibility is ignored. Rarely do young people receive through the media messages which recognize their ambivalence around their emerging sexuality and reinforce the appropriateness of delaying sexual activity.

Because the media touches virtually all children and youth, it has great potential to educate and inform. To date, however, agencies and groups which are concerned about adolescent sexuality and pregnancy have had limited success using the media effectively to provide information and advertise services which could help adolescents develop into responsible adults. While a number of television stations are currently considering airing condom advertisements in response to the AIDS crisis, only a few networks nationwide would allow the advertising of these same products for contraceptive purposes. To a large extent, this is due to the media's reluctance to deal with such issues as contraception and sexual values because of their perceived controversial nature. Additionally, the media has failed in the past to reach out to families and provide them with information and resources to support their children's healthy development. Therefore, the media has perpetuated the current sexual messages and failed to aid youth in some of their most important developmental tasks.

In contrast, the Task Force urges the use of the media to increase public awareness of the problem of adolescent pregnancy and to promote more positive and consistent messages. Therefore, the Task Force last year, as it had the previous year, recommended a statewide mass media campaign concerning the prevention of adolescent pregnancy. The central theme of the campaign would be the promotion of family communication as a primary prevention strategy. In

keeping with Task Force priorities, this emphasis reinforces the central role of the family in supporting and educating young people. Through the campaign, recognition of the value and the difficulty of family communication around issues of sexuality would be stressed and resources to assist parents in communicating with their children would be available. In conjunction with the campaign, a state interagency media group to coordinate media efforts across state agencies was also recommended. Further, the Task Force promoted the concept of Youth Speakouts to provide an opportunity for youth to share their perception of the problem and their needs and concerns. To heighten community awareness, the Speakouts were recommended to be coordinated with the mass media campaign.

During the current year, and based on the Governor's endorsement of the need for a public awareness campaign, the Task Force, in conjunction with the Council on Children and Families, has continued to refine the components of the campaign. Extensive contact with private sources, including advertising agencies, has been initiated to examine specific themes, approaches, and strategies. Additionally, funding was made available during the year to support Youth Speakouts across the state. As described earlier in this report, these Speakouts will occur during 1987 and will be coordinated with the media campaign.

-- media campaign --

In formulating recommendations this year, the Task Force calls for an ongoing commitment on the part of New York State to these media efforts. If a statewide media campaign is to become a reality, there must be an adequate commitment of funding for production and implementation. The 1987-88 state budget contains $181,000 which would provide partial support for the campaign. Therefore, the Task Force recommends that **the appropriate state agencies assist the Task Force in seeking additional funding and other necessary resources to support a statewide mass media campaign.**

In addition, a media advisory group to the Task Force should be convened. While the immediate benefit would be to strengthen the media campaign efforts currently underway, broader benefits will be to provide an ongoing awareness of and capacity to respond to media portrayals of youth and families regarding sexuality. Such an advisory group would provide the Task Force with the expertise of professionals from the media and the advertising community, increase access to the media, heighten the level of sophistication of the media campaign, and reinforce the Governor's commitment to a strong public/private partnership. Of equal importance, parents and youth should be well represented within the group to ensure their active participation and input in the campaign. Finally, members of state agencies should be appointed to the advisory group so that related media efforts on the state level will be better coordinated.

B. Involving the Private Sector

The Task Force believes there is an important role for the private sector in addressing the problem of early childbearing and promoting positive youth and family development. In its previous report, the Task Force recognized the importance and success of public/private cooperation, particularly in the area of housing strategies, citing model activities which combine training youth in construction trades and renovation of in rem buildings into permanent housing. The Task Force called for and continues to support an expansion of these

efforts. While no large-scale activities in this area have been undertaken, a number of community groups continue to utilize this model.

An area of public/private partnership which has seen a major expansion has been involvement of the private sector in education-related projects. Over the past few years, a number of innovative and successful efforts on the part of the private sector have been made in this area. These efforts range from individuals adopting specific classrooms of youth and acting both as a mentor and a benefactor for their college costs to corporations adopting local schools.

In New York State, Governor Cuomo has promoted this type of involvement by the private sector. For a second year, the 1987-88 state budget continues the promotion of school/business alliances in school districts across the state with an allocation of $1.5 million. In the first year of the program, model efforts in ten school districts were funded. In each of these districts, selected on the basis of high dropout rates, the school is required to establish alliances with local businesses and the area Private Industry Council and jointly develop strategies which will provide incentives to youth to remain in school. Among the strategies which districts are employing are nonbinding agreements with local businesses to provide part-time employment for students in school, as well as opportunities for full-time employment after graduation. Funding available under this initiative can be used by school districts to provide transportation and other support services needed by students in order to remain in school.

-- private sector involvement --

The Task Force applauds current efforts and calls for **New York State to identify additional meaningful avenues for private sector involvement in the issues of adolescent pregnancy and youth and family development.** The benefits of private sector involvement in assisting youth toward capable, self-sufficient adulthood have been proven in recent years through a number of innovative efforts. These benefits accrue not only to the business community , through a better prepared work force, but also to young people, through a better understanding of the world of work, greater opportunities for employment and training, and the availability of role models and mentors within the business community. These avenues can and do provide youth with the necessary supports and opportunities to see themselves as contributing members of society.

The Task Force believes that the private sector is an underutilized and crucial partner in addressing the problem of adolescent pregnancy in New York State and is, therefore, committed to promoting its increased involvement. As a result of this commitment, the Task Force recommends a number of strategies on which New York State should take action. Among these strategies is the expansion of Governor Cuomo's new school/business alliance initiative and additional efforts to foster school-business partnerships, including adopt-a-school programs and the development of business mentors for youth.

During the coming year, the Task Force will continue to examine other opportunities for promoting the involvement of the private sector. Such an examination should include models of private sector involvement with the greatest potential for impact on high-risk youth, as well as the use of the media and other avenues to raise the awareness and commitment of the private sector.

IV. IMPROVING NEW YORK STATE'S ABILITY TO RESPOND

State government facilitates, through funding and technical assistance, the efforts of local agencies to provide services to those in need. The success of local efforts rests, to a large extent, on the state's ability to provide a coherent framework for local action. In developing a productive state/local partnership, a number of factors are critical. Clear and consistent policy directions and priorities must be set to guide state-level decisions. Additionally, these policies and priorities must take into account the needs and capacities of the local level, so that they facilitate, rather than impede, local efforts.

A. Facilitating Local Responses

Among the problems which local agencies consistently identify as barriers to service are insufficient levels or reductions in funding. However, even a cursory analysis of funds available to support services reveals the significant number of programs and services pertinent to this population which are currently funded through federal, state or local dollars. Therefore, attention may be more effectively focused on increasing the coordination among funding streams, including eligibility requirements and reporting conditions. A related issue is that the complexity of funding opportunities discourages many small, community-based organizations from seeking state certification and funding. Yet, it is often these organizations which are in the best position to reach and serve high-risk youth.

-- clearinghouse --

As a result of deliberations during the past year, the Task Force proposes a number of recommendations to improve the ability of the state to assist local service providers. As an initial step in promoting the coordination of funding streams and opportunities, the Task Force recommends that **the state develop a clearinghouse and registry to ensure coordination of all funding opportunities relevant to adolescent pregnancy.** The proposed clearinghouse would have a number of important functions, including an analysis of existing funding streams and the review of all proposed RFPs to ensure a coordinated state response. Further, the Clearinghouse would serve as a central point of contact with the state, providing information on available funding opportunities and how they integrate with new and existing sources of funding. Additionally, the Task Force recommends that each RFP released by any state agency related to adolescent pregnancy include information on other relevant funding opportunities which could be utilized by communities.

-- regional technical assistance --

In response to the need to make state resources more accessible to community-based organizations, the Task Force also recommends that **the Council on Children and Families facilitate interagency discussions concerning strategies for providing regional interagency technical assistance to community-based organizations.** Current RFP processes tend to favor organizations which are sophisticated in grant writing and proposal development. Grassroots organizations are, therefore, often not able to participate adequately in this process.

The following issues are among those identified as barriers to grassroots organizations effectively competing in funding initiatives:

- lack of knowledge of funding opportunities
- lack of understanding of the political process
- intimidating and technically-demanding nature of RFPs
- delay in receiving funds once selected
- demands of contract process and reporting requirements

A regional interagency technical assistance capacity would aid grassroots organizations in program development, maintenance and self- sufficiency and would address a number of important areas, including:

- staff and board training
- fiscal management and fund raising
- community relations
- accountability
- program design and implementation
- productivity and growth
- self-sufficiency
- management and administration

Further, such technical assistance would ensure a consistent approach to the development of grassroots organizations, cross-system familiarity with resources, and a regular forum for cross-agency collaboration and problem solving. In addition, the regional technical assistance capacity must be available during program implementation to assist organizations in ensuring that services provided are of high quality.

B. Addressing Related Policy Issues

In many instances, state agency policies emerge from the administration of specific programs or funding streams. As a result, there is no overall, cohesive direction around the provision of services to adolescents. Until a centralized procedure for the development and coordination of policies, regulations, and programs is set in place, this problem will not be remedied.

The Task Force recognizes the continuing need for central policy-making mechanisms to address this problem. At the same time, the group recognizes that long-range efforts must be made to accomplish this task. Therefore, in the short term and based on the assumption of the acceptability of the overarching framework, Task Force activities have focused on an examination of specific policies and how they need to be realigned to reflect the framework and ensure consistency. Among the specific areas and issues the Task Force has examined are the residential child care system, accessibility to health care, and confidentiality, especially within the educational system.

-- fully accessible health care --

Healthy youth and family development cannot occur without universally available health care. Adequate nutrition, the detection and treatment of medical problems, provision of preventive health services, health education, and reproductive health care enhance the ability of youth to succeed in school and become self-sufficient and productive members of society. Therefore, the Task

Force recommends that **New York State work toward fully accessible health care, with an initial emphasis on at-risk, pregnant and parenting adolescents.**

The Task Force sees this recommendation as a first step in ensuring universal health care for all populations in needs. In particular, those with no health care coverage are at high risk, and when health care programs are faced with cuts in federal funding, it is the uninsured and medically indigent who suffer. Realizing the scope of the problem, however, the Task Force supports a longitudinal approach, beginning with the adolescent population and moving toward developing strategies to ensure health care for all.

-- confidentiality --

The Task Force also recommends that the **the State Education Department amend its regulations regarding parental notification to ensure confidentiality related to reproductive health care.** Current State Education Department regulations allow for both release of student health records to parents and written communication to parents regarding health conditions which may require professional attention. There appears to be a conflict between these regulations and various sections of the Public Health Law, which allow for treatment on the minor's own consent and do not allow for release of medical records related to certain aspects of reproductive health care. New York State has deemed that this unrestricted access to the services provided for under these sections of the Public Health Law is justified by the need for immediate treatment. While calling for the resolution of the apparent conflict caused by the SED regulations, the Task Force strongly recommends that more strenuous efforts be made to assist adolescents to look to their families for support and to aid parents in becoming better resources for their children.

-- services to adolescents in residential care --

The above recommendations address policy changes to improve access to services for the broad population of youth. The Task Force is likewise concerned that adolescents in residential care outside of their homes have access to necessary services. The residential care system provides shelter to a particularly vulnerable population of adolescents. This system, serving over 13,000 adolescents in out-of-home care, is, in fact, made up of a large number of diverse private, nonprofit agencies and county-sponsored homes, as well as state-operated facilities. Therefore, the Task Force recommends that **state agencies caring for children in residential care ensure that current regulations are consistent and are effectively implemented, thus providing access by adolescents to family planning education, counseling, medical services, and, where applicable, a living setting appropriate for a pregnant or parenting teen.**

In structuring an appropriate context for these services, the following should be taken into consideration. These services to adolescents in residential care should include not only family planning but also strong preventive health and counseling services. This should be directed toward making adolescents aware of the social and psychological effects of sexual activity, as well as the full range of options for preventing an unwanted pregnancy. When an adolescent in residential care does become pregnant and intends to carry the pregnancy to term, every effort should be made to provide the prospective parent

with a living environment which will promote the highest degree of physical and emotional well-being. Specialized foster homes and maternity shelters may serve as valuable resources in these instances.

-- medicaid cards --

In reviewing access issues for youth in foster care, among the barriers which emerged was the adolescent's lack of access to his/her Medicaid card. While the issue first emerged during deliberations concerning the foster care population, it became clear that this barrier had implications for the broader population. Therefore, in order to improve access to services for adolescents ages 13 and over in households receiving Medicaid, the Task Force recommends that **the Department of Social Services be required to offer adolescents ages 13 and over their own Medicaid cards.**

Under the current DSS system, adolescent members of M. A. households requesting their own Medicaid cards can receive them. However, the cards are only provided on request. This system severely limits an adolescent's ability to receive needed services through Medicaid, since many adolescents may be unaware of their rights or too timid to make a request. The Task Force strongly believes that the responsibility should be placed on DSS to offer these adolescents their own cards. In no way does a youth's possession of his/her own Medicaid card supercede parental consent requirements for most health services. However, it will facilitate access to those distinct services for which young people are not required to seek parental consent.

-- training for residential service providers --

The Task Force is aware that a barrier to services can be the lack of adequate information, education and training on the part of child care, social work and executive staff in agencies, and foster parents. This can lead to an inability to deal appropriately with the full range of adolescent issues and needs. Therefore, the Task Force recommends that **the Department of Social Services, the Division for Youth, and other state agencies which administer or fund residential programs evaluate current training models and implement training in parent education, including human sexuality and adolescent development, for all those involved in the delivery of residential care.**

A number of training models on human sexuality for foster care agencies do exist and are currently provided across New York State. Therefore, the Task Force suggests that the state agencies who care for or supervise the care of adolescents in residential settings examine these models to ensure appropriateness and, subsequently, support their availability and use throughout the residential care system. Additionally, efforts should be made to seek the advice of parents, young people, service providers and advocates in the review of these materials.

During the coming year, the Task Force will continue its examination of the residential child care system, as well as explore mechanisms to ensure confidetiality for youth seeking services.

C. Assessing Current Programs and Services

For a number of years state funding has been provided for adolescent pregnancy related services. Yet, in most instances, there is limited knowledge of which services are effective and what factors are critical to success. Additionally, the total amount of funding targeted to this population and the number of clients reached is not clear.

The Task Force contends that the prevention of adolescent pregnancy is closely related to a number of other social problems which adolescents face today. In examining prevention efforts, however, the Task Force has been hindered not only by fragmented approaches to prevention but also by barriers as basic as a lack of a definition of the term "at risk" and of the factors which place adolescents at risk.

Preliminary survey activities on the part of the Task Force at both the state and community levels provide some initial direction for establishing a systematic review of existing programs and funding streams. Further, the Council on Children and Families, Division for Youth, Division of Alcoholism and Alcohol Abuse, and Department of Social Services have jointly done some promising work in this area, including the development of evaluation models which can be used regardless of funding stream. These past efforts should be used as a foundation for future evaluation activities.

-- standardized definition of "at high risk" --

The full implementation of the Task Force's approach to prevention, as centered in youth and family development, requires the formal recognition of the interrelated nature of being at risk of a number of problems. A first step in forging a multidisciplinary alliance around early prevention and developing the capacity to assess its effectiveness is the creation of a standardized set of characteristics which define a youth as being at high risk of being involved in an adolescent pregnancy and the capacity to gather and coordinate data related to serving this population.

Therefore, the Task Force recommends that **the Council on Children and Families identify an interagency group to assist the Task Force in the development of a standard definition of "at high risk" in relation to adolescent pregnancy.** This definition would set forth factors indicating existence and degree of risk, which would be useful in determining a profile of adolescents at high risk of being involved in a pregnancy or experiencing other adolescent social problems. Among the factors proposed by the Task Force for consideration are:

- Age
- Sexually active
- Previous pregnancy
- Abused or neglected
- Child or sibling of a teen parent
- Socioeconomically disadvantaged
- Educationally disadvantaged
- Lack of consistent family structure/support/supervision
- Juvenile delinquency or involvement in family court
- Runaway or homeless

- Experiencing crisis/trauma/loss
- School dropout

The Task Force believes that a key goal of developing a standard definition of "at high risk" is to achieve uniformity of usage across state agencies. This definition could then be used as a mechanism for standardizing requests for and provision of data regarding numbers of adolescents at high risk of being involved in a pregnancy who are being served through state funding and other means.

-- evaluation --

Essential to any future efforts to refine New York State's ability to address adolescent pregnancy is a clear baseline of current activities across state agencies. Therefore, the Task Force recommends that **New York State undertake an intensive investigation to assess current programs and services related to adolescent pregnancy.** This investigation should be conducted on two levels. First, an examination of service delivery models must be made to identify effective and ineffective programs. Second, funding patterns must be reviewed to determine what types of funding are being utilized for particular services.

Existing tools are available to do basic evaluation of the effectiveness of services. What does not currently exist is a commitment and necessary resources to review systematically the impact of various service delivery models. Such a review should take into account two factors. First, existing research and evaluation literature should be reviewed to determine which approaches or models appear to be of greatest usefulness. In addition, programs considered for funding should be required to document an effective evaluation strategy. These two factors should be primary criteria for granting funding. Further, when considering the subsequent refunding of a program, the results of the program's own evaluation and any current research material should be carefully reviewed to guide recommendations for program modification and/or the merits of continuing the program. A crucial part of such a strategy must be assistance and training for community-based organizations in integrating evaluation strategies into their service delivery activities.

The second level of evaluation proposed by this recommendation would be an objective review of the current fiscal investment of various state agencies in services and programs related to adolescent pregnancy. Anecdotal evidence indicates that such a review should address current confusion caused by the proliferation across state agencies of "teen pregnancy" funding streams and examine the appropriateness of better integrating these programs.

Further, this examination must focus on the causes for the limited effectiveness of local providers in accessing broader funding streams to support specific services, such as child care and family planning. Increasing the use of these more generic funding streams would allow for a more effective use of limited funds specifically targetted for "teen pregnancy" programs.

CONCLUSION

New York State can be proud of its track record in the area of adolescent pregnancy. Efforts taken in the past have been recognized nationally as innovative and substantial. However, we cannot rest on previous accomplishments. The Task Force believes that there is more to be done and that New York State is at an important crossroads which will define whether the state has started on a true road to change or simply taken a number of measures which, while important, do not yet form a comprehensive response to the problem.

The structured deliberations of the Task Force have given this body the luxury of the development of a larger view of goals for New York State. The specific recommendations contained in this report are incremental steps to these larger goals and are viable as long as the Task Force remains committed to the larger vision. Therefore, it can be expected that the Task Force will continue to be diligent, determined, and consistent in its recommendations to address the complexity of adolescent pregnancy.

The Task Force must now move into a new phase of activity. This report and its two predecessors provide an ample blueprint for state action over a number of years. The resources of the Task Force must now be focused on working in partnership with the Governor, the Legislature and pertinent state agencies in making the blueprint a reality. Therefore, the agenda for Task Force activity for the coming year will focus on assisting in the full implementation of its recommendations to date.

INDIVIDUAL STATEMENTS

ON

SCHOOL-BASED CLINICS

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The Task Force has received an important and arduous mandate from the Governor. No one wants unmarried teenagers to become pregnant. Everybody wants teen parents to become men and women of personal dignity and eventually full participants in adult society. Few people would confidently claim to know how to accomplish these goals. Often, though I did not agree with certain recommendations in our annual reports, I did not make my opinions public. I felt each member needed to be cooperative and flexible. However, I must state my objections to the recommendation for School-Based Clinics in the Third Report, Benchmarks and Challenges.

I strongly support both community and school-based health care. It is the inclusion of contraceptive and abortion services or referrals that I find objectionable. It is this inclusion that I believe is the true objective of the school-based health clinic recommendation; not a concern for the ordinary health care needs of students. I am afraid that the Task Force has decided to place most of its hope for reducing teenage pregnancy with the recommendation to establish school-based health clinics that will provide health care which includes contraceptive counseling and services.

The school holds a very special place in our society. It is a place where parents can feel secure in sending their children. The school teaches values - not only by what the teacher says or does but even more through the approbation that the school gives to certain activities. The establishment of contraceptive school-based clinics sends a clear message to our adolescents. The message is that we, the adult community, have given up. The schools which mediate the basic values and norms of our society are now endorsing the idea that teenage sex, if done with contraceptives, is perfectly proper behavior.

While the rate of sexual activity among teenagers, especially poor teenagers, is high, many teenagers, including poor teenagers retain traditional moral values about sex and its relationship to commitment. A major influence on sexual behavior is peer pressure. It is an omission of some magnitude that the Task Force Report offers no reflection on the likelihood that school provision of contraceptives will greatly increase the pressure on teens to become sexually active.

The Task Force may see itself as neutral on the question of sexual ethics (apart from its recommendation to control conception) but the provision of distributing or prescribing contraceptives at a clinic within the school cannot be seen by the students as either insignificant or neutral.

On March 19, 1987 Eunice Kennedy Shriver closed an article that she had written in opposition to School-Based Clinics for the Washington Post with the following thought:

> "Let us listen to parents, teachers and teenagers themselves before the vastly increased commitment of resources called for by the advocates of contraception and abortion becomes national policy. There needs to be a recognition by public officials at all levels that there are effective approaches to adolescent pregnancy more in keeping with our traditions and values. Without these, we will only continue to pursue with cold illogic the fantasy of a magic bullet."

While I am one of a small minority within the Task Force who opposes the recommendation for school-based clinics, I feel that my position is far closer to the thinking of the majority of the citizens of New York State.

SISTER MAUREEN JOYCE
Executive Director
Community Maternity Services

I am grateful to the Council on Children and Families for allowing individual statements on school-based clinics.

I am in disagreement with the recommendation that school-based health clinics provide reproductive health care, as described in the report.

I wish to preface my comments, however, by indicating my strong support for both community and school-based health care. Although, in my opinion, increasing health care through community health clinics is the best service to a total community, I believe that school-based clinics can help supplement this care.

What I find objectionable in this recommendation is the inclusion of contraceptive and abortion services or referrals within the array of services offered in school-based clinics.

The rationale for inclusion of such services as outlined in the recommendation is weak. Heavy weight is given to one research study conducted by Johns Hopkins. Yet long-term effectiveness and analysis of data is not complete or conclusive.

Beyond this consideration, there are four basic reasons why I would contend that school-based clinics should not be in the business of providing abortion and contraceptive services and counseling.

First, an emphasis on contraceptive services alone to prevent teen pregnancy is much too narrow a vision about this complex problem. Those who have worked with adolescents know that self-esteem, education, and job training as well as adult support and role models are essential in the prevention of teen pregnancy.

Second, provision of such services in school-based clinics undermines the authority and role of parents. Once a parent signs a permission form for the student to receive medical care, these significant medical services can be given without a parent's knowledge, unless the student requests that the parent be told.

Third, and most fundamental, this approach misuses the important role of the school in our society. The school holds a very special and unique place in our society. Schools have facilitated growth and value formation. It teaches values not only by what the teacher does or says, but even more through the approval that the school gives to certain activities. Through the establishment of school-based clinics which provide contraceptives freely, we are giving our children the message that we know they can't control themselves. We teach them that alcohol, drugs and cigarettes are injurious to their health, why don't we teach them that premarital sexual activity is also dangerous to their health? They need to be educated to the freedoms of saying NO and the advantage of having a more fulfilled and satisfying sexual life by postponing sexual involvement.

The message is that we have given up. We certainly can and must do better. Thank you again for this opportunity.

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Since it is possible that readers of this report will misinterpret information contained in the section on school-based clinics, I am submitting a statement which I believe will clarify the views of the Task Force. Rather than discuss the merits of school-based clinics, I will limit my remarks to two specific points in the text and then offer a general observation.

First, the report states that the Task Force was divided on the school-based clinic issue, but that there was "a majority vote to recommend the expansion" of the clinics. This statement does not adequately portray the position of the Task Force as a whole. There was overwhelming support for the clinics, and Task Force members recommended that reproductive health care, including "contraceptive-related services", be considered an essential component of comprehensive adolescent health care. I believe, therefore, that the current report should have either stated, "a few members dissented" or "the vast majority of members voted to recommend expansion."

Second, the laudatory description of the Johns Hopkins School of Medicine on-site pregnancy prevention program states that counseling and sexuality education were coupled with "concrete services." The report should have made clear that the "concrete service" was the dispensing of contraceptives. This is particularly important since the reduction in teenage pregnancy and the delay in the initiation of sexual activity reported by Johns Hopkins only occurred when contraceptives were available. The two control schools, which limited their intervention to sex education and counseling, did not report similar, positive findings.

My general observation is brief. The Task Force runs the risk of validating the stereotype of the leaders hurrying to catch up with their followers. An evaluation of the school-based clinics in New York City revealed that: 98 percent of all parents interviewed wanted a clinic in their child's school; 85 percent wanted the clinics to offer family planning counseling; and 61 percent thought the school clinic should provide sexually active teens with contraceptives or prescriptions for contraceptives. Community and government leaders, who stress the importance of strengthening families, should respect the wisdom and the desires of the families they wish to serve.

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Across the country, school-based health clinics have proved an extremely successful mode of adolescent health care delivery because they are affordable, accessible and responsive. These school-based health clinics provide a full range of health services for students from neighborhoods with high medical risk and underserved adolescent populations.

Among the comprehensive services school-based clinics offer are: periodic health assessments, diagnosis and treatment of minor illnesses, management of chronic illnesses, management of medical emergencies, athletic physicals, laboratory and diagnostic screenings, immunizations, mental health counseling, family crisis intervention, reproductive health education, family planning, pre-natal and post-partum counseling and care, drug and alcohol prevention and treatment, and AIDS education. These services are provided only after permission is received from all parents of students under the age of 18.

Because school-based health clinics provide basic medical care and detection of untreated conditions for poor children and youth with limited access to health care, the Governor's Task Force on Adolescent Pregnancy unanimously recommended the expansion of these clinics to other schools. A nearly unanimous Task Force agreed that school-based health clinics should provide reproductive health services as well.

Clearly, it would be preferable if adolescents delayed sexual activity until they were older. The reality is that they do not. It has been estimated that upwards of one-third of all young people aged 10-19 in New York State are sexually active. Further, it has been estimated, based on a recent Welfare Research, Inc. study, that over 90 percent of all adolescents who received reproductive health care services at school-based health clinics in New York City were sexually active prior to seeking services.

School-based health clinics should promote abstinence from sex as an important alternative for young people. But to deny young people who choose to be sexually active access to reproductive health care is a serious mistake. These efforts will only result in undiagnosed sexually transmitted diseases, pregnancies and abortions that could be avoided and unsafe sex that could place many adolescents at risk of infection with the AIDS virus.

Providing comprehensive health care to New York State's students must be a priority. Excellent public policy should not be thwarted by a vocal but extremely small minority.

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